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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.



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PROVIDER INFORMATION NOTICE

PIN: 15 – 01

TITLE: Bi-Directional Referrals Between the Department of Health Services and Community Partners

DATE: March 5, 2015

This is to provide you with information regarding patient referrals from Los Angeles County Department of Health Services (DHS) to the My Health LA (MHLA) Community Partners (CPs) as well as specialty care referrals from CPs to DHS.

Part I: Referrals from DHS to CPs

In accordance with the Agreement, effective March 20, 2015, DHS will begin referring individuals who have been financially screened for their visit at DHS and deemed likely eligible for the MHLA program to those CPs that are "open" to new Participants per the open/closed Clinic Status List. The goal of this linkage process is to provide individuals who do not have a known existing relationship with a primary or principal care provider (PCP) at either a CP or a DHS clinic, and who are determined by a DHS provider to likely benefit from a primary care medical home which is "open" to new patients. The MHLA Agreement states:

"Contractor shall inform the Department within twenty-four (24) hours if a Clinic Site no longer has the capacity to accept new Participants. Contractor shall notify the Department of its intent to reopen its Clinic to new Participants."

A Clinic Site's open or closed status will determine whether a Clinic Site is open to accept a referral of an Eligible Person from the Department. Any Clinic Site that is "open" to new Participants must be uniformly open to Eligible Persons regardless of whether the Eligible Person presents as a walk-in or is referred from the Department. Acceptance of Department-referred Eligible Persons to an "open" Clinic Site is a Service Deliverable. The Contractor shall not refuse to accept a Department-referred Eligible Person unless A) the Clinic Site is "closed" to new Participants, or B) the Clinic does not have the clinical capability to care for the Eligible Person, as determined by Contractor's physician who shall attest that the Contractor does not have the clinical capability to render appropriate care to the Eligible Person. Such attestation shall be in writing, signed by the physician, include a detailed explanation as to why care cannot be rendered and submitted to the Department within twenty-four (24) hours of the referral by the Department. The Department shall provide to Contractor the complete protocol for Patient Referral through a future Provider Information Notice (PIN) process."

In early 2014, the Healthy Way LA Unmatched program piloted this referral process with several CP Clinics. The goal of the pilot was to develop a mutually agreeable process by which referrals could be made from DHS to the CPs. The pilot process, which is still ongoing, was considered by both the pilot CPs and DHS to be mutually acceptable and is the foundation for the referral process described in this PIN.

Detailed Referral Protocol

Referrals from DHS to CPs will occur through the DHS Appointment Services Center (ASC) and will follow this protocol:

- 1) In DHS, all uninsured patients without a current or existing relationship with any known PCP who are deemed likely to benefit from empanelment into a patient-centered medical home (PCMH) go through a New Empanelment Request Form (NERF) process, whereby patients are prioritized for empanelment based on age, presence of chronic medical conditions, and utilization history. DHS will continue to prioritize placing patients with the highest need into empanelment at a DHS PCMH with available capacity. This means that DHS would only refer higher clinical need patients to a CP after unsuccessful attempts have been made to empanel them to a DHS PCMH due to limited capacity.
- 2) ASC will determine which "open" clinic(s) can best serve the patient, primarily based on patient preference/convenience.
- 3) DHS will pre-screen the patient for MHLA eligibility, and deem the patient most likely eligible for MHLA based on program rules (i.e., under 138% FPL, living in Los Angeles County, lacking health insurance, etc.). While DHS will make every effort to refer only patients who are deemed likely eligible for MHLA, if a referred patient presents at a CP and is found, upon completing the full application process in One-e-App, that they are ineligible for the MHLA program, the CP may, at their discretion, provide services to the patient through their sliding fee scale. However, it is DHS' intent to only refer patients who appear to be MHLA eligible.
- 4) DHS will send a batch list of screened patients to CP Clinics as individuals are identified for referral. When possible, and as requested by the CP, DHS will attempt to connect the referred patient to the CP Clinic by phone whenever possible.
- 5) DHS will fax or send by secure email detailed information about the patient, including but not limited to, a Referral Cover Page and Medical Encounter Summary Sheet (see Attachments A and B) which will include background information on the patient (i.e., the patient's name, contact information, demographic and clinical/medical information). However, as stated above, sending a batch list of referred patients is the standard method of referral to each CP.
- 6) DHS will continue to process any previously identified specialty care referrals on behalf of the patient. These specialty care requests will be initiated internally at DHS, when possible, minimizing the need for the CP to go through eConsult or Referral Processing System (RPS) for this patient. In these instances, information about an upcoming specialty care appointment(s) at DHS will also be provided to the CP Referral Coordinator via the Encounter Summary Sheet (ESS). Information on recent past specialty referrals can also be found on eConsult.
- 7) The CP will then contact the patient to set-up an appointment to enroll them in MHLA and schedule a primary care medical visit, if appropriate. If a CP PCP believes that the CP Clinic does not have the clinical capability to manage the primary care needs of this patient, the CP physician may complete an affidavit (Attachment C) attesting why the patient cannot be appropriately and clinically cared for from a primary care perspective by the clinic. The Department will be checking on a monthly basis if the referred patient has indeed enrolled at the CP Clinic.

Referral Coordinator Contacts

In order to help ensure appropriate coordination between DHS and the CPs on behalf of referred patients, DHS seeks to work with designated Referral Coordinators at each CP Clinic site. You will be receiving from Philip Barragan next week a list of the referral coordinators for your clinic that your agency provided to the MHLA program office in September 2014. Philip will be verifying with you that these referral contacts are still up to date. If you have any questions upon receiving that request, please email Philip at pbarragan@dhs.lacounty.gov.

PART II – Referrals from CPs to DHS

Referrals to DHS Specialty Care

MHLA Participants can go to DHS for no cost specialty care. MHLA does not cover out-of-network services at non-DHS facilities. The MHLA Agreement states:

"When all treatment options by the Contractor's Primary Care Provider are exhausted, and/or the Participant's condition requires treatment by a Specialty Care Provider, Contractor shall refer the Participant to the Department in accordance with the Department's referral guidelines. Contractor shall assure that all appropriate examinations and Ancillary Services are completed prior to the referral, and that the justification for the referral is noted in the Participant's medical record and included in the referral to the Department. If the Contractor uses non-physician providers, the referral shall be reviewed and approved by a physician prior to being submitted."

Referrals to DHS for specialty care are conducted through the Referral Processing System (RPS) and eConsult systems. An Ability-To-Pay (ATP) application/form does not need to be completed at DHS for a MHLA Participant; however, the MHLA Participant may be screened for other programs at DHS (e.g., Medi-Cal & Hospital Presumptive Eligibility).

Please see Attachment D for a list of services referred via eConsult or RPS. CPs are responsible for coordinating all follow-up care once a Participant is repatriated back to his or her CP medical home following a specialty care visit.

For more information on the eConsult system, contact Ariadna Padilla at (213) 240-7934 or apadilla3@dhs.lacounty.gov. For information on the RPS system, contact Hayley Buchbinder at (626) 299-5374 or hbuchbinder@dhs.lacounty.gov. If there are questions regarding patients referred via either these systems, contact the ASC Unit directly at (855) 521-1718.

Primary Care and Non-Covered Specialty Services

The following services are not considered specialty care under the MHLA Agreement (Section 2.0, "Definitions") and are to be provided directly by CPs or their subcontractors:

1. All primary and preventative health care services including, but not limited to:
 - a. Treatment of routine medical conditions, regular check-ups and health screenings
 - b. Routine women's health care
 - c. Therapeutic services
 - d. Diagnostic services
 - e. Health care maintenance
 - f. Immunizations
 - g. Health outreach
 - h. Emergency first aid

- i. Information and referral services
 - j. Health education
 - k. Prescribing medicines
- 2. Laboratory services including, but not limited to:
 - a. Blood work
 - b. Urine tests
 - c. Throat cultures
- 3. Other medically necessary tests including, but not limited to:
 - a. Dip stick or tablet urinalysis
 - b. Fecal occult blood
 - c. Ovulation test
 - d. Urine pregnancy test
 - e. Hemoglobin
 - f. Spun micro hematocrit
 - g. Blood glucose
 - h. Erythrocyte sedimentation rate non-automated
- 4. Basic radiology services, including:
 - a. Mammograms
 - b. Chest x-rays
 - c. Other medically necessary tests. Under the MHLA Agreement, the CP is not responsible to provide for non-obligated radiological tests.
- 5. Durable Medical Equipment
- 6. Pharmacy Services (as related to primary care services and listed on the MHLA drug formulary)

Referrals to DHS Emergency or Urgent Care

If the MHLA Participant requires emergency or urgent care, they should be instructed to go to a DHS urgent care or emergency department, if possible, in the event of an emergency. Note that MHLA Participants may be charged for urgent care and/or emergency department care provided by non-DHS hospitals or clinics. CPs should only refer Participants to a DHS urgent care or emergency room in the event that the Participant is experiencing a true emergency medical condition or urgent care situation requiring care that is beyond the scope of the clinic's medical capabilities. In situations where Participants do not have an emergent or urgent medical issue, but require a same or next day primary care appointment, CPs may not, under the MHLA Agreement, refer the Participant to a DHS' emergency department or urgent care clinic (Statement of Work, Section II, "Program Services", Subsection 6, "Emergency Services, Hospital and Urgent Care"). Appropriate accommodation and infrastructure within each CP should be in place to handle these situations.

Important Contact Information

Please contact your MHLA Program Advocate if you have any questions regarding these referral processes. The MHLA/DHS liaison Philip Barragan may also be contacted at (626) 299-3318 or by email at pbarragan@dhs.lacounty.gov.

Moderated Call on this PIN

If you have questions about this PIN, process or want to learn more about how this process works, please join us for a moderated call to be held on Tuesday, March 10, 2015 from 9:30 a.m. to 10:30 a.m. Dial (888)713-3595 to join the call (there is no passcode needed).

A handwritten signature in black ink, reading "Tangerine M. Brigham". The signature is written in a cursive style with a large, stylized "T" and "B".

Tangerine M. Brigham
Deputy Director, Managed Care Services
Los Angeles County Department of Health Services

Enc. Attachment A, Example Referral Cover Page
Attachment B, Example Encounter Summary Sheet
Attachment C, Affidavit Form
Attachment D, RPS/eConsult List